

Minutes of the meeting of the Human Resources Committee of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, April 22, 2016 at the hour of 9:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Wiese called the meeting to order.

Present: Chairman Dorene P. Wiese and Director Ada Mary Gugenheim (substitute Member) (2)

Directors Hon. Jerry Butler, Ric Estrada, Emilie N. Junge and Carmen Velasquez

Present

Telephonically: Director Mary B. Richardson-Lowry (1)

Absent: None (0)

Chairman Wiese, seconded by Director Gugenheim, moved to allow Director Richardson-Lowry to participate as a voting member for the meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Gladys Lopez – Chief of Human Resources
Jeff McCutchan – Interim General Counsel
Deborah Santana – Secretary to the Board

Richard H. Sewell - Associate Dean, Community and
Public Health Practice at UIC School of Public Health
John Jay Shannon, MD – Chief Executive Officer

II. Public Speakers

Chairman Wiese asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Action Items

A. Minutes of the Human Resources Committee Meeting of March 18, 2016

Director Richardson-Lowry, seconded by Director Gugenheim, moved to accept the minutes of the meeting of the Human Resources Committee of March 18, 2016. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Section III

IV. Report from Chief of Human Resources (Attachment #1)

Gladys Lopez, Chief of Human Resources, provided an overview of the report. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Internal and External Vacancies Filled;
- Hiring Waterfall and Snapshot through 3/31/16;
- Comparison of Separations;
- FY2016 HR Goal: Improve/Reduce Average Time to Hire; and
- FY16 Timeline – Goal to Obtain Substantial Compliance with Employment Plan

V. Recommendations, Discussion / Information Item

A. Strategic planning discussion (Attachment #2)

Topic: Human Resources, presented by Gladys Lopez

Dr. John Jay Shannon, Chief Executive Officer, stated that Ms. Lopez will be reviewing a strategic planning presentation on Human Resources. Additionally, he introduced Richard Sewell, Associate Dean of Community and Public Health Practice at UIC School of Public Health, who will be facilitating the strategic planning discussions in these meetings through to the adoption of a full strategic plan in the summer.

Ms. Lopez provided an overview of the presentation, which included information on the following subjects:

- Human Resources Department functions;
- Demographics of employees (various data)
 - Employee Population by Age and Years of Service
 - Employee Population by Race and Ethnicity
 - Employee Population by Gender
 - Employee Population by Union vs. Non-Union
 - Employee Population – Clinical and Non-Clinical Positions
 - Employee Population – Comparison of Management and Staff Positions
- Union Membership Rates by State, 2015 Annual Avg.
- CCHHS Management Functions
- Human Resources Tactics to address Principle Objectives

During the discussion of the subject of educational requirements for certain positions and further educational opportunities for employees, Director Velasquez suggested that the administration consider partnering with Malcolm X College to look at continuing education initiatives. Director Junge agreed; she noted that the subject has been mentioned in the past, and should be further considered.

With regard to the subject of cultural competency, Chairman Wiese noted that studies in education have shown that the racial and ethnic makeup of staff and faculty make a big difference in the culture and climate of the institution. Additionally, there are many studies that have been done to determine why health is not improving for American Indians. The reason why is because they do not trust western medicine; however, if American Indians were to see other American Indians working at that institution, that begins to build trust.

Director Velasquez referenced the conversation held the previous day at the Audit and Compliance Committee Meeting; there was an energetic dialogue on several subjects, including those relating to employee productivity, resources, and community health workers. She noted that another benefit of using community health workers is that those workers will connect to patients in those communities with a level of trust that can be challenging to establish under different mechanisms.

VI. Adjourn

Chairman Wiese, seconded by Director Gugenheim, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,
Human Resources Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Dorene P. Wiese, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

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ATTACHMENT #1

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Human Resource Committee

Gladys Lopez, Chief of Human Resources

April 22, 2016

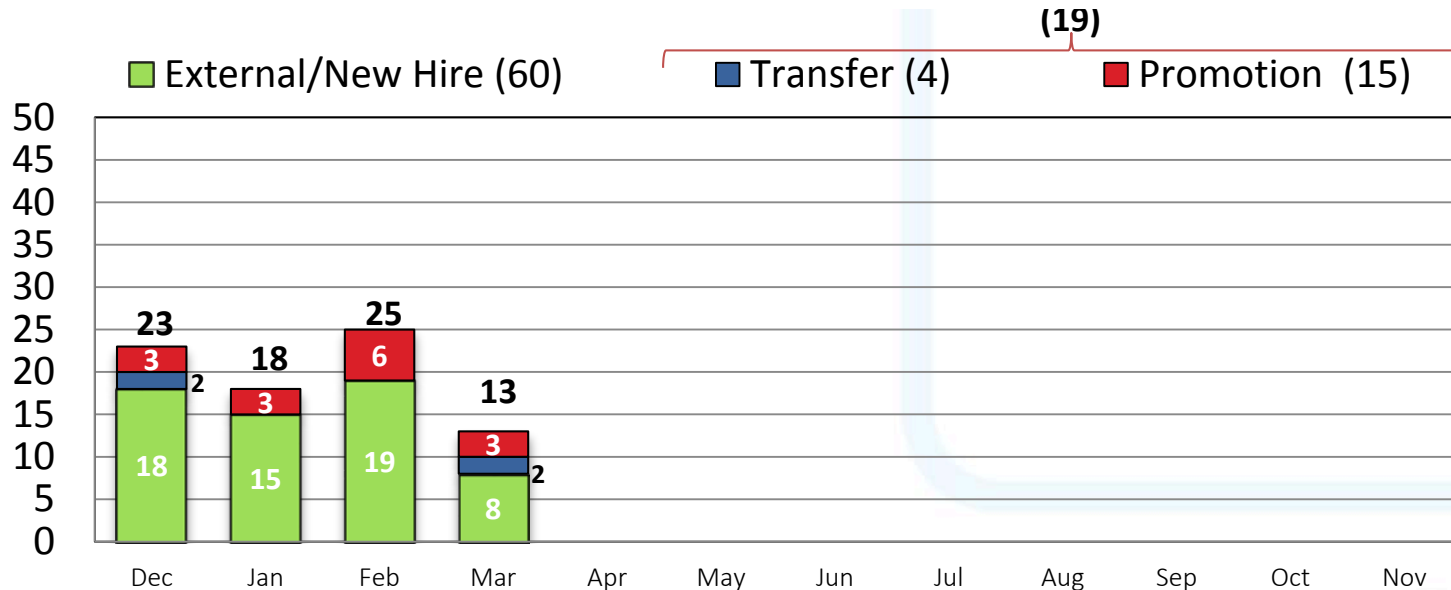


Internal & External Vacancies Filled

FY16 VACANCIES - HR TRACKING OF CCHHS VACANCIES

Description	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	TOTAL:	
Vacancy Number:	756	826	841	854										
Less Deleted Positions / PIDs:	0	0	0	0										
Add Separations:	88	30	32	22									172	
Less External Vacancies Filled:	18	15	19	8									60	
TOTAL:	826	841	854	868									-112	(Net New)

FY16 Vacancies Filled through 03/31/16 by Hiring Source (79)



Our goal is to maintain a vacancy rate equal to or below 750.

Labor Hold Update:
Completed meetings with NNOC and Local 200; finalizing selections with AFSCME Locals 1178 and 1276. Proceeding with extending offers to internal and candidates in these vacancies.

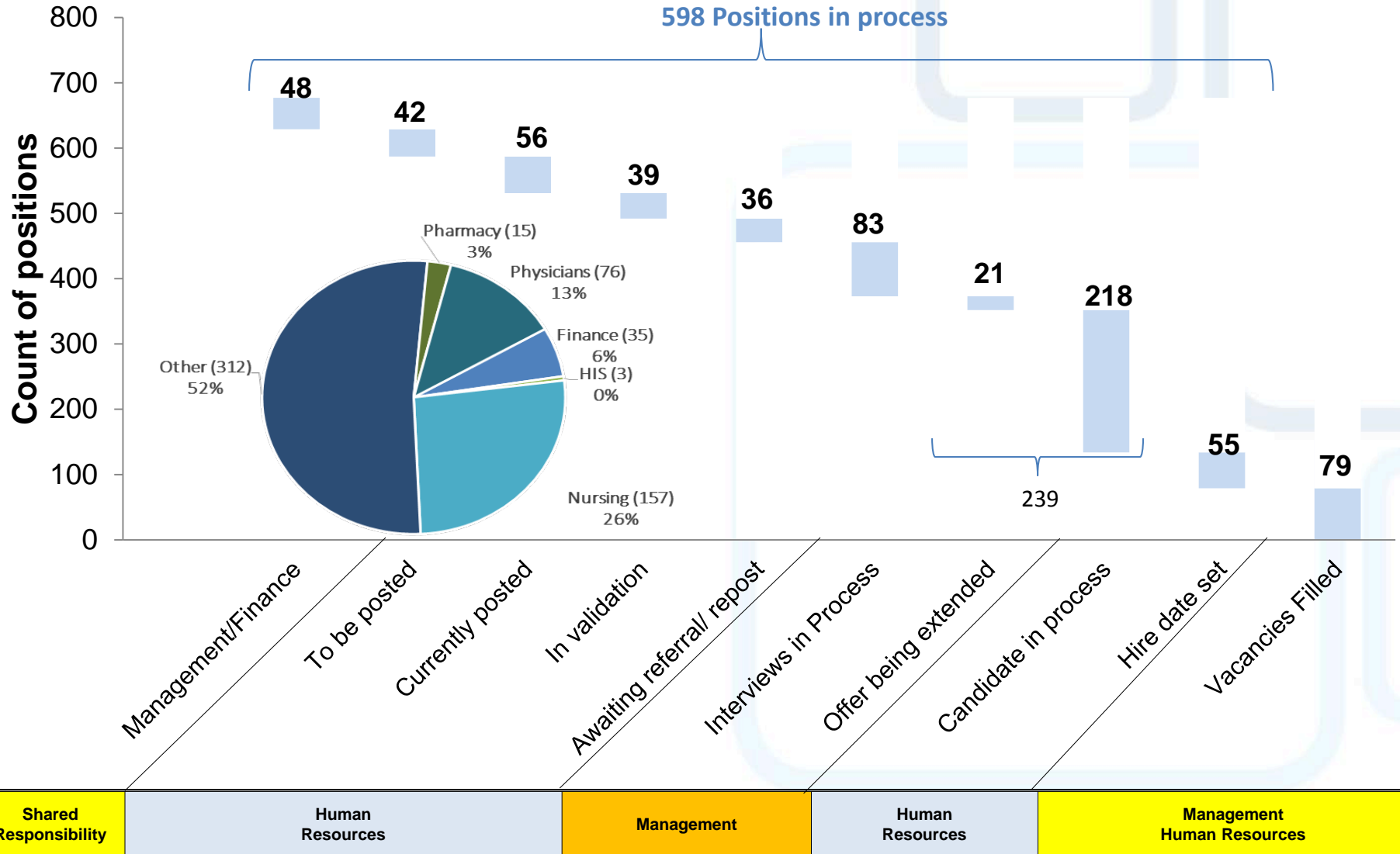
¹ Fluctuation is based on new RTHs received and a Department decision to hold or re-class a PID.

² Positions to support strategic initiatives, such as re-organizations

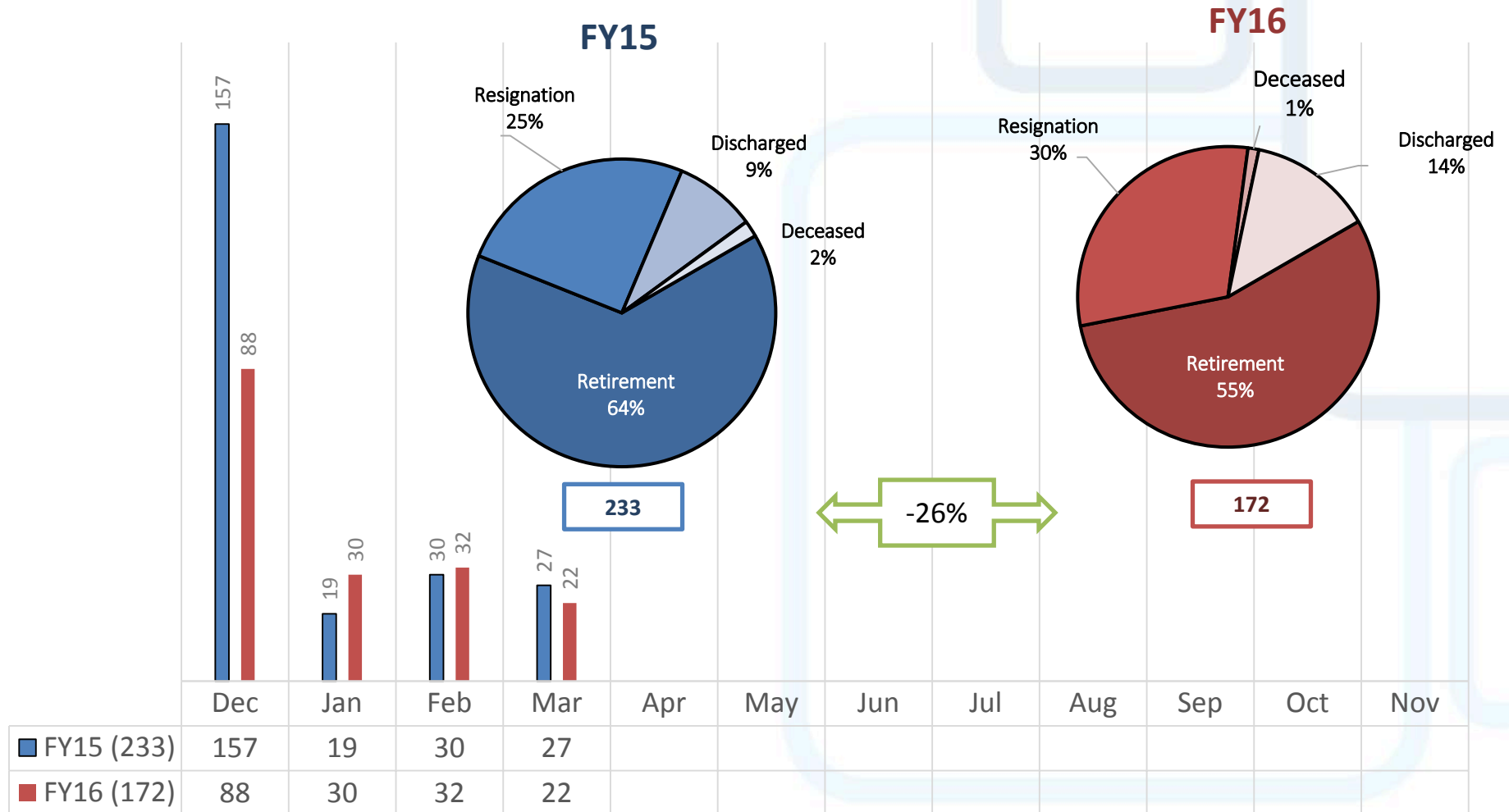


CCHHS Hiring Waterfall & Snapshot (03/31/16)

598 Positions in process



Comparison of Separations



Comparison:

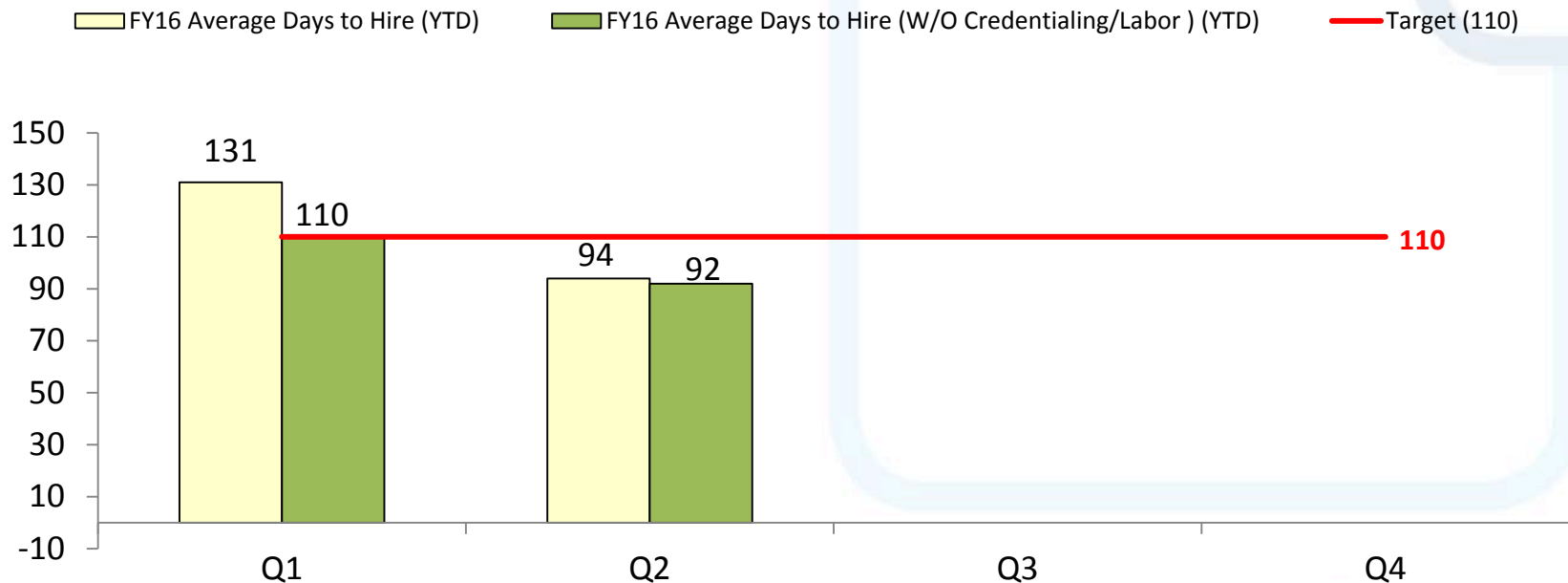
FY15 58.25 Average / Month

FY16 43.00 Average / Month



FY16 HR Goal: Improve/Reduce Average Time to Hire*

FY16 Goals:	2014 Act	2015 Act	2016 Target	Dec Act	Jan Act	Feb Act	Mar Act	Apr Act	May Act	Jun Act	Jul Act	Aug Act	Sept Act	Oct Act	Nov Act	YTD Avg	YTD Var.
Average Days to Hire (With Credentialed)	203	140	110	115	119	153	94									124	14%
¹ Average Days to Hire (Without Credentialed)	NA	NA	110	96	101	131	92									107	-2.7%



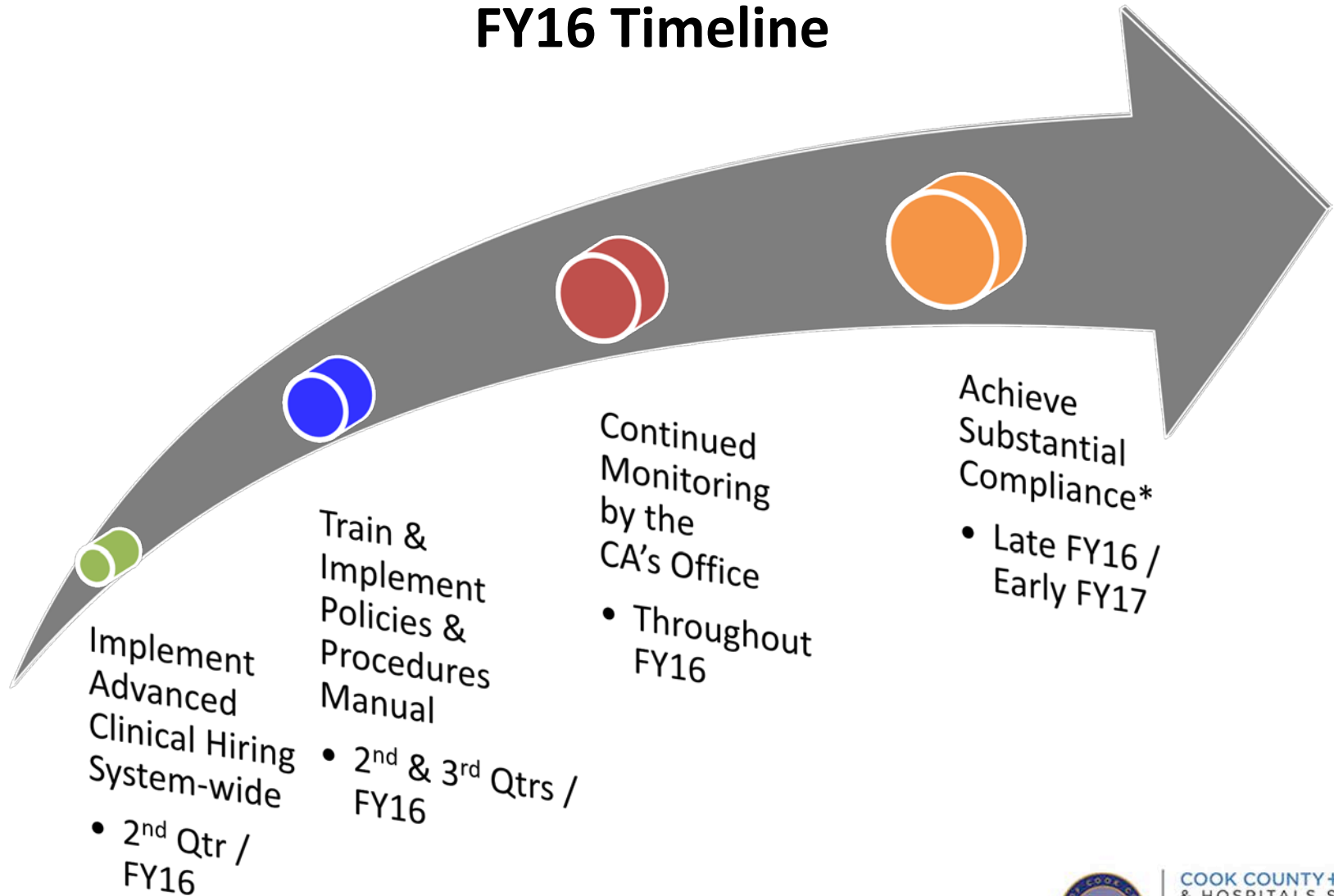
¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

*Data thru 03/31/16



Goal: Obtain Substantial Compliance

FY16 Timeline



*Timing is dependent upon the CA's determination



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ATTACHMENT #2



COOK COUNTY HEALTH & HOSPITALS SYSTEM

Human Resource Committee

Gladys Lopez, Chief of Human Resources

April 22, 2016



HR Department – We Are More than Recruiting

Human Resources is a Strategic Partner

The Department consists of:

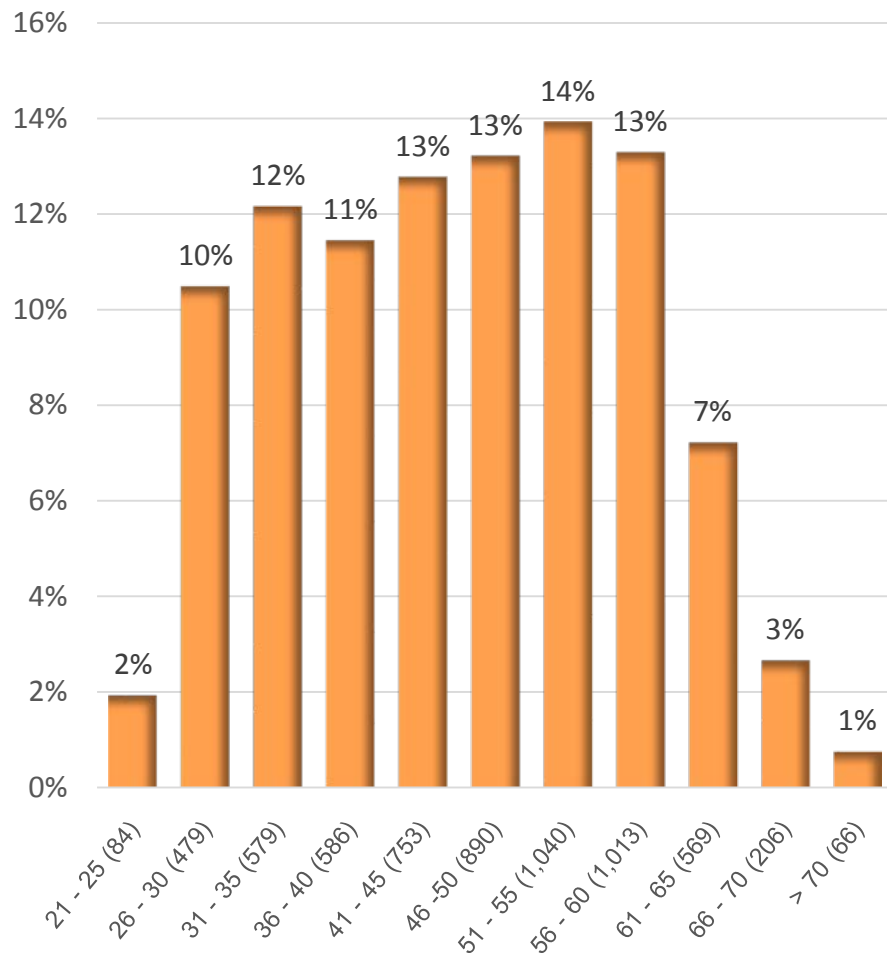
Classification and Compensation	<ul style="list-style-type: none"> Research, prepare, standardize, update and maintain job descriptions Conduct market studies Participate in salary surveys; Hot Jobs surveys 		
Recruitment	<ul style="list-style-type: none"> Post vacancies; validate candidates; work with management to fill vacancies Work with management to identify external sources, sites, journals, publications, organizations, etc. to post vacancies; utilize Social Media outlets to advertise and expand CCHHS' recruitment efforts 		
Operations	<ul style="list-style-type: none"> Orientation ID Badges Tuition Reimbursement 	<ul style="list-style-type: none"> Employment Verification Leave Management Research employee concerns 	<ul style="list-style-type: none"> Work with management on employee coaching Exit Surveys Separations
Learning and Development	<ul style="list-style-type: none"> Provide training throughout CCHHS that support organizational initiatives to ensure the delivery of quality service 		
Labor Relations	<ul style="list-style-type: none"> Manage labor / management relations Support management with contract interpretation of the Collective Bargaining Agreements Conduct impact bargaining on organizational initiatives to support the delivery of quality service 		
EEO	<ul style="list-style-type: none"> Investigate and resolve allegations of discrimination Represent CCHHS in cases filed with external agencies 		

Ensure compliance with the CCHHS Employment Plan

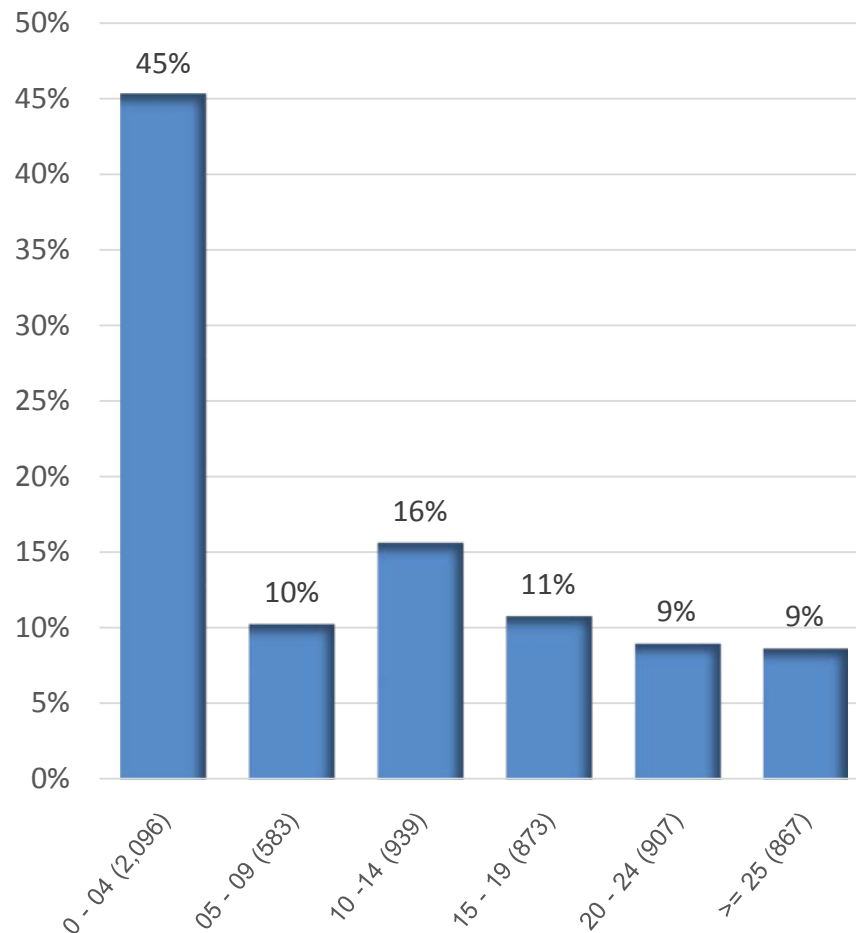


Demographics: 6,265* Employees

Employee Population by Age
(Average Age: 48)

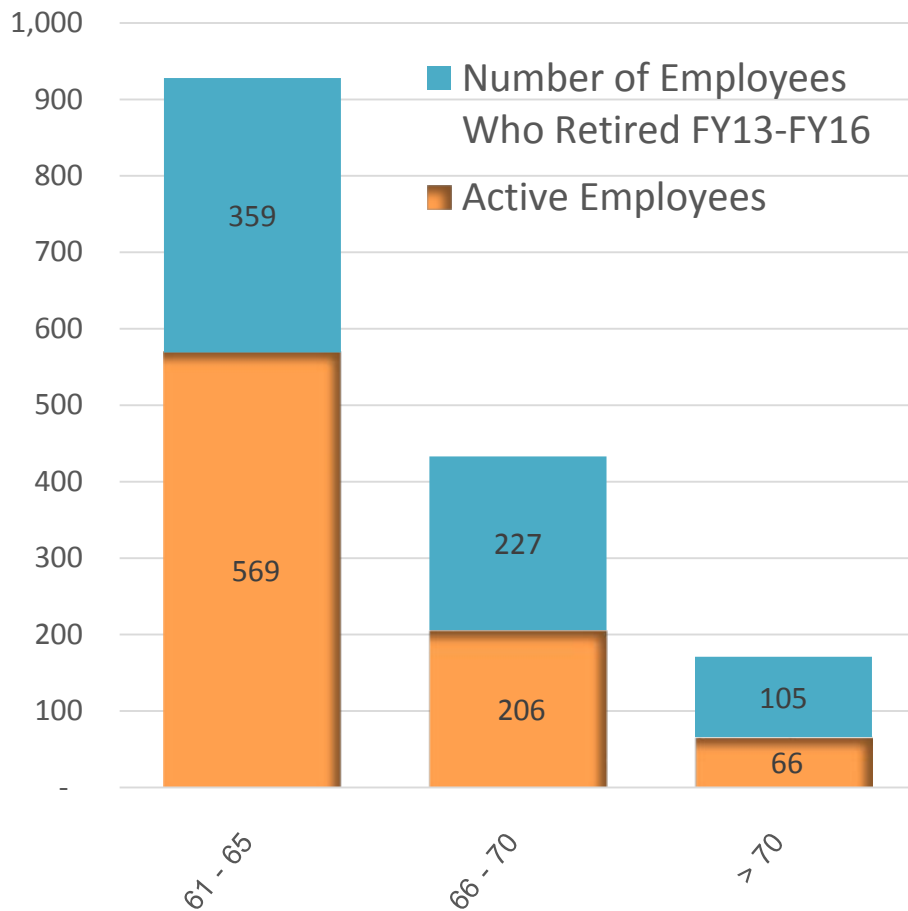


Employee Population by Service
(Average Years of Service: 12)

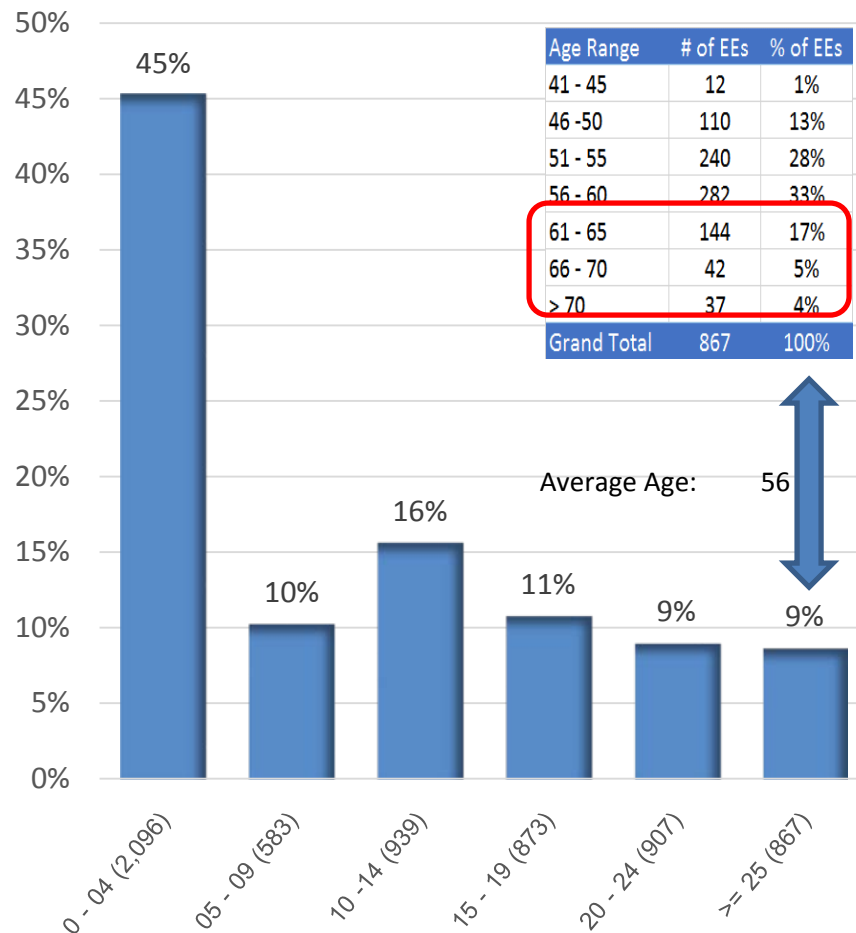


Demographics: 6,265* Employees

Employees 61+ Years of Age



Breakdown of Employees with 25+ Years of Service

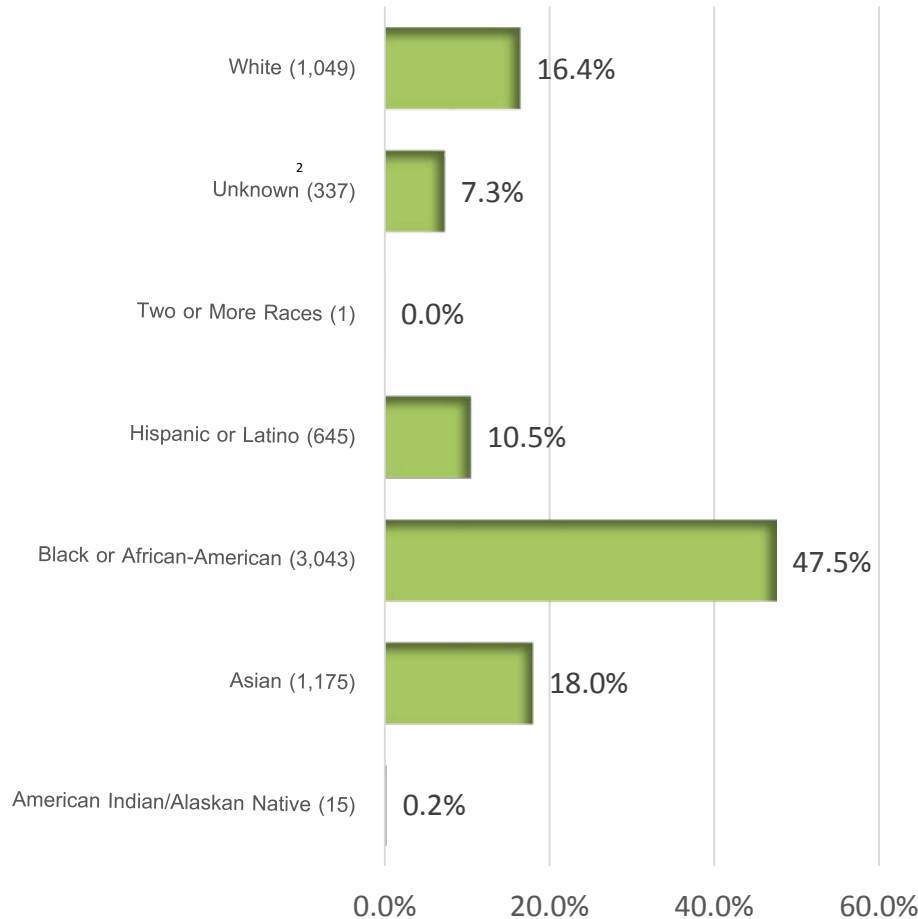


*Data is as of 04/07/16

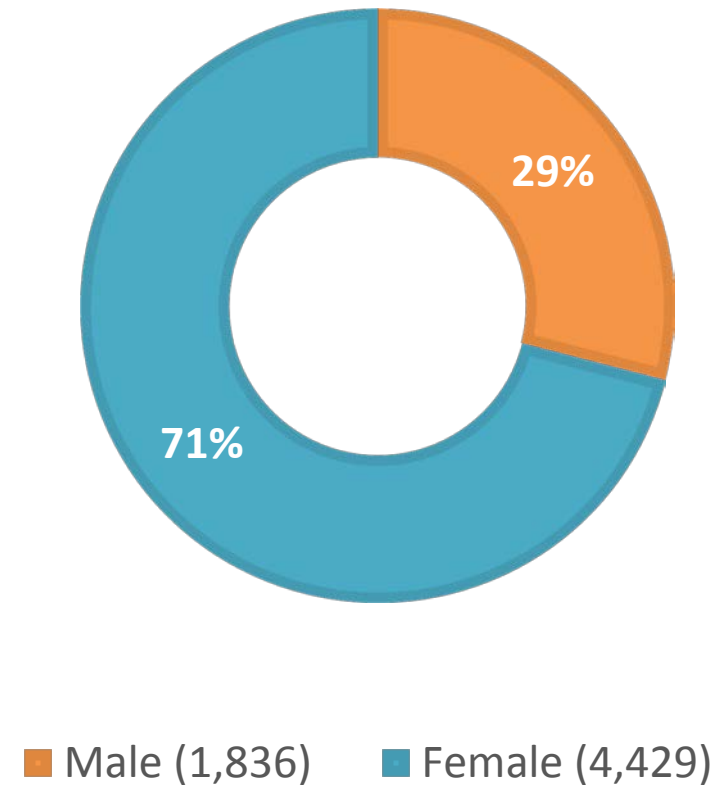


Demographics: 6,265* Employees

Employee Population - "Race & Ethnicity"¹



Employee Population - Gender



*Data is as of 04/07/16

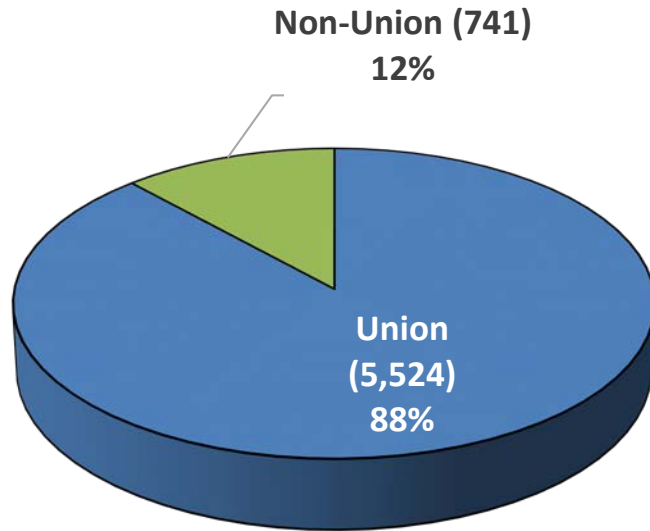
¹Reflects reporting terminology and category as established by the federal government.

² Self identification of Race/Ethnicity is voluntary in accordance with the provisions of applicable federal laws, executive orders, and regulations.



Demographics: 6,265* Employees

Population by Union vs. Non-Union



- *Public-sector workers had a union membership rate (35.2%) more than five times higher than that of private-sector workers (6.7%).*
- *In 2015, 7.2 million employees in the public sector belonged to a union, compared with 7.6 million workers in the private sector.*
- *Among states, New York continued to have the highest union membership rate (24.7%).*



*Data is as of 04/07/16

Union	Number of Positions	% of Positions
AFSCME – 1111	848	14%
AFSCME – 1178	211	3%
AFSCME – 1276	197	3%
COUPE – 126 Machinists	9	0%
COUPE – 13 Carpenters	11	0%
COUPE – 130 Plumbers	9	0%
COUPE – 134 IBEW	16	0%
COUPE – 14 Painters	15	0%
COUPE – 2 Laborers	7	0%
COUPE – 5 Plasterers	1	0%
COUPE – 597 Pipefitters	4	0%
NNOC	1274	20%
RWDSU – 200	343	5%
SEIU – 1 Firemen/Oilers	7	0%
SEIU – 20 Doctor's Council	410	7%
SEIU 73	1590	25%
TEAMSTERS – 700	15	0%
TEAMSTERS – 743	72	1%
Other	485	8%
Total:	5,524	88%

Approximately 88% of CCHHS' positions are represented by unions



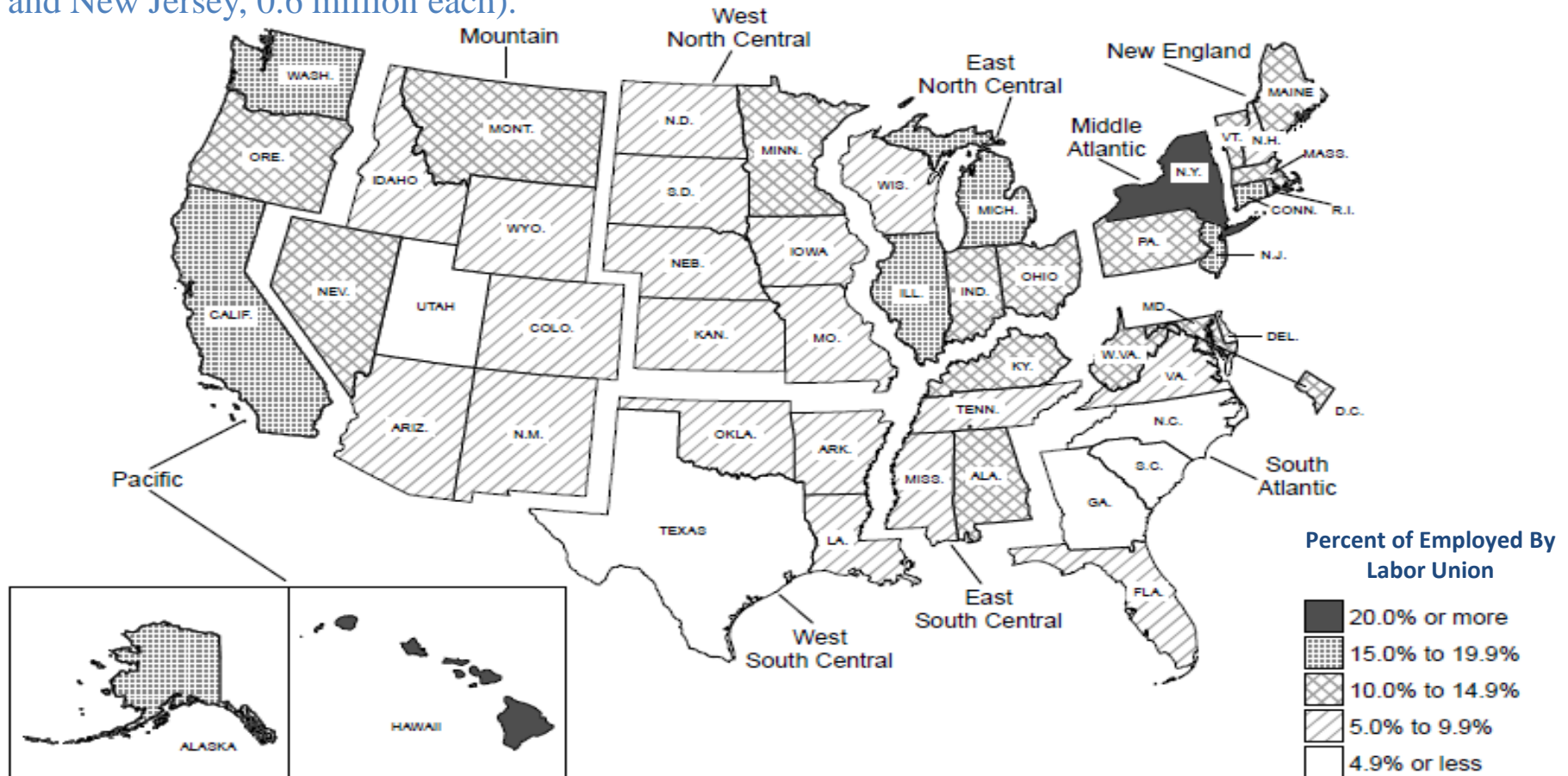
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Union Membership Rates by State, 2015 Annual Avg

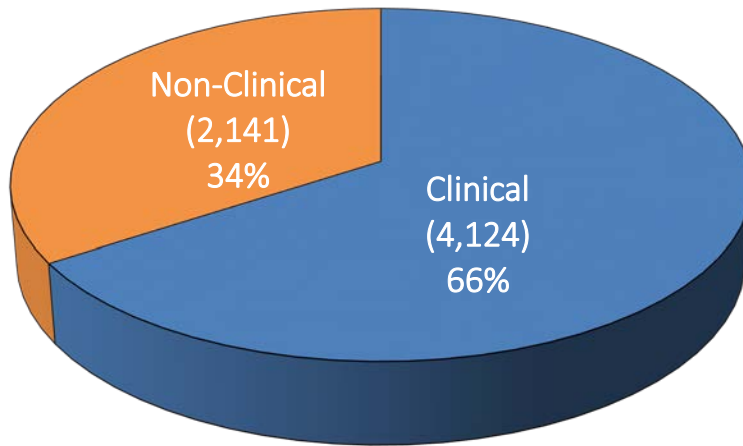
US Rate = 11.1%

- Roughly half of the 14.8 million union members in the U.S. lived in just seven states (California, 2.5 million; New York, 2.0 million; **Illinois, 0.8 million**; Pennsylvania, 0.7 million; and Michigan, Ohio, and New Jersey, 0.6 million each).



Demographics: 6,265* Employees

Sample Clinical vs Non-Clinical Titles



Of the 4,124 Clinical positions:

- **Approximately 2,529 are Licensed Professionals**
- **Approximately 1,097 positions require credentialing**

Clinical: To treat patients or provide direct patient care of any type.

Non-Clinical: Positions which do not provide any type of medical treatment, or testing.

<http://healthcareers.about.com/od/whychoosehealthcare/f/FAQClinical.htm>

Clinical Positions
RNs (1256): <i>CNI, CNII, Clinician, IHR, Epidemiologist</i>
MDs (573): <i>Attending, Psychologist, Dentist, Optometrist</i>
APNs (52): <i>Anesthetist, Midwife, Specialist, Practitioner</i>
PAs (52)
Pharmacists (120)
Technicians (329): <i>Emergency Room, Radiologic, Sterile Processing, Electrocardiogram, Medical Lab</i>
Ward Clerk (111)
Mental Health Specialist (68): <i>II, III and Senior</i>

Non - Clinical Positions
Analyst (89): <i>Employment Plan, Grant, Systems</i>
Building Service Worker / Lead (242)
Clerical / Administrative (613): <i>Assistant I-V, Clerk, Steno</i>
Finance (198): <i>Cashier, Payroll, 3rd Party Biller & Follow-up</i>
Food Service / Dietary (103): <i>Food Service Worker, Cook, Dietician</i>
Procurement / Supply Chain (24): <i>Contract and Procurement Specialist, Storekeeper/Supply Clerk</i>
Trades (124): <i>Laborer, Painter</i>



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Demographics: 6,265* Employees



EEO Description	Number of Employees	% of Employees
Administrative Support Worker	1,078	17.3%
Craft Workers	69	1.1%
Laborers	10	0.2%
Officials and Managers ¹	297	4.8%
Operatives	10	0.2%
Professionals	3,229	52%
Service Workers	692	11%
Technicians	830	13.4%

JOB CATEGORIES

The EEO-1 collects data on job categories. They are defined below as they are defined:

Administrative Support Worker – Includes all clerical-type work regard-less of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. Include: Administrative Assistants I-V, Book Keepers, Call Center Customer Service Representatives, and Data Entry Operators.

Craft Workers - Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. Includes: Mechanical Assistants, Painters, Machinists, and Electricians.

Laborers – Workers in manual occupations which generally require no special training who perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. Includes: Groundskeepers, and Laborers.

Officials and Managers - Occupations requiring administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a firm's operations. Includes: Chiefs, Deputy Chiefs, Associate Chairs, Associate Directors, Directors, and Managers.

Operatives - Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. Includes: Motor Vehicle Drivers.

Professionals – Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. Includes: Attending Physicians, Nurses, General Counsel, Accountants, Financial Analysts, and Biochemist.

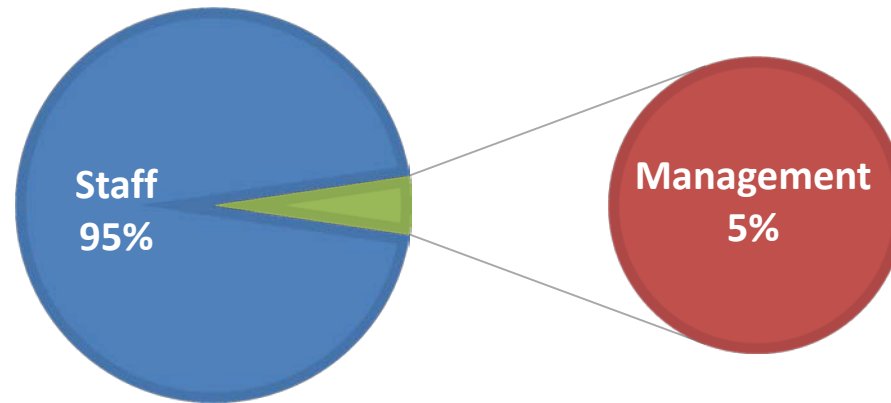
Service Workers - Workers in both protective and non-protective service occupations. Includes: Attendant Patient Care, Building Service Workers, Hospital Security Officers, and Fireman.

Technicians – Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on-the-job training. Includes: Licensed Practical Nurses, Dental Assistants, and Sterile Processing Tech.



Demographics: 6,265* Employees

Approximately 297 Managers are responsible for 5,968 employees



Consider type of work, level of staff, and other factors when determining the ideal employee to manager ratio as it can be varied by skill set/experience:

- 4 to 1 direct reports to Vice-President / Senior Manager
- 20 to 1 direct reports in an Administrative Area
- Average is 10 to 1

Staff with greater experience would like require less managing:

- i.e. IT 20 to 1 for programmers
- i.e. Call Center (low-level tasks) 15 to 1

Less involvement required from the Manager would result in a larger staff ratio

<http://yourbusiness.azcentral.com/ideal-ratio-managers-staff-24643.html>

*Data is as of 04/07/16

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CCHHS MANAGEMENT FUNCTIONS

There are basic functions of all
Managers



Management Responsibilities

- ✓ Placing the right person in the right job
- ✓ Orienting new employees to the team / department
- ✓ Orienting employees to their role
- ✓ Developing employees for their job
- ✓ Validating employee competencies
- ✓ Evaluating employee performance
- ✓ Coaching employees
- ✓ Maximizing employee potential
- ✓ Training and developing employees
- ✓ Fostering interdisciplinary relationships across the organization at all levels
- ✓ Fiscal stewardship of organizational resources
- ✓ Creating and maintaining department morale
- ✓ Provide and foster a positive working environment
- ✓ Communicate and enforce CCHHS policies and procedures

*HR management is the responsibility of every manager
not just those in the HR Department.*

www.prenhall.com/dessler

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Principle Objectives

Improve
Health
Equity

Provide High
Quality, Safe &
Reliable Care

Demonstrate
Value, Adopt
Performance
Benchmarking

Develop Human
Capital

Lead in Medical
Education And
Clinical Investigation
Relevant To
Vulnerable
Populations

Equity is achieved by providing care that does not vary in quality by characteristics such as ethnicity, gender, geographic location, and socioeconomic status.

-AMA

Racial and ethnic minorities are more likely than non-Hispanic Whites to report experiencing poorer quality patient-provider interactions, a disparity particularly pronounced among the 24 million adults with limited English proficiency.

www.ahrq.gov/qual/measurix.htm

Race and Ethnic Demographics of CCHHS Workforce to Patient Population¹ (POP.)

RACE / ETHNICITY	CCHHS WORKFORCE	% CCHHS WORK FORCE	PATIENT POP.	% PATIENT POP.	Var.
American Indian/Alaskan Native	15	0.2%	1,145	0.6%	1,130
Asian	1,175	18.8%	6,989	3.5%	5,814
Black or African-American	3,043	48.6%	107,298	53.3%	104,255
Hispanic or Latino	645	10.3%	57,467	28.5%	56,822
Native Hawaiian/Pacific Islander	0	0.0%	241	0.1%	241
Two or more races	1	0.02%	1,114	0.6%	1,113
Unknown	337	5.4%	6,100	3.0%	5,763
White	1,049	16.7%	21,038	10.4%	19,989
Grand Total:	6,265	100%	201,392	100%	195,127

"It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone."

– Kathleen G. Sebelius, Secretary, Health & Human Services



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- Expand our diversity network of advertising sites.
- Talent Sourcing and Social Media Specialist to expand recruiting efforts with diverse organizations.
- Improve the Cultural Competence of staff.

Principle Objectives

Improve Health Equity

Provide High Quality, Safe & Reliable Care

Demonstrate Value, Adopt Performance Benchmarking

Develop Human Capital

Lead in Medical Education And Clinical Investigation Relevant To Vulnerable Populations

Assess Staff Engagement: Survey staff across CHHS to determine awareness, engagement, and judgments regarding processes and problems.

Employees who are highly engaged in their work are likely to be more productive and more committed to your organization.

- **Validate and maintain employee competencies**
- **Develop an employee engagement strategy to enhance the employee experience**
- **Assess Staff Engagement**

When employees are engaged on each of these levels (physical, emotional and cognitive), they will invest significant energy to complete their work and achieve positive organizational outcomes.

How engaged are your employees?



Accurately measure and improve employee engagement with the new SHRM Foundation-certified template.

Download here for free:
surveymonkey.com/mp/employee-engagement-survey/

SurveyMonkey
The best decisions start here.



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Principle Objectives

Improve Health
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Develop Human
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Lead in Medical
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**"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."
— John Quincy Adams**

- **Recruit & retain top talent**
- **Improve leader effectiveness**
- **Identify HR benchmarks & measures that align with strategic initiatives**

**"Leadership and learning are indispensable to each other."
— John F. Kennedy**

**"To successfully respond to the myriad of changes that shake the world, transformation into a new style of management is required. The route to take is what I call profound knowledge – knowledge for leadership of transformation."
William Edwards Deming**



Principle Objectives

Improve Health Equity

Provide High Quality, Safe & Reliable Care

Demonstrate Value, Adopt Performance Benchmarking

Develop Human Capital

Lead in Medical Education And Clinical Investigation Relevant To Vulnerable Populations

"The people we hire, and the focus we put on their development as leaders, are critical to P&G's ability to innovate and compete. Nothing I do will have a more enduring impact on P&G's long-term success than helping to develop other leaders."

- A.G. Lafley, CEO, Proctor & Gamble

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change." -Charles Darwin

"The rate of change is not going to slow down anytime soon. If anything, competition in most industries will probably speed up even more in the next few decades."

-John P. Kotter Author, Leading Change

- Increase employee development opportunities
- Develop staff to ensure the delivery of quality service.
- Establish succession strategy.
- Explore with Shakman House Staff transition to Physicians



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Develop Human Capital: Improve leader effectiveness



a. bacall

Major Reasons Why Leadership Development is Important:

- Rapid, radical and discontinuous change
- Increasingly complex challenges
- Greater leadership responsibility at lower levels enables Senior Leaders to focus on more complex issues
- Recruitment and retention of the best talent

"What I'm looking for in a manager, is the ability to dream large while staying within budget."

-David V. Day, Ph.D. Author, Developing Leadership, SHRM



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Principle Objectives

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"In our values and our commitments - as physicians, our primary raison d'être is patient care. The welfare of patients, the education of students and residents, and the growth of research knowledge - these are important commitments underlying our profession."

Waldhausen JMD. Leadership in Medicine Gibbon John H., Jr Lecture Hershey, PA: 2000

Five fundamental leadership principles are critical to building a better future:

- 1. Recognizing that the work of leadership involves an inward journey of self-discovery and self-development;*
- 2. Establishing clarity around a set of core values that guide the organization as it pursues its goals;*
- 3. Communicating a clear sense of purpose and vision that inspires widespread commitment to a shared sense of destiny;*
- 4. Building a culture of excellence and accountability throughout the entire organization; and*
- 5. Creating a culture that emphasizes the development of leaders and leadership as an organizational capacity.*

Leadership and learning are inextricably linked.

Wiley W. Souba, MD "Building our Future: A Plea for Leadership"

Over the last few years we processed an average of 126 House Staff.

- **Continue to support annual House Staff intake by providing administrative services.**
- **Transition processing of House Staff from Operations to Recruitment.**



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